U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
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E	ORD DRO	

Name Roger

1. File Number U- 10383

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

D Graham

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Carpenters Local 74

Labor Organization File Number 022-305

P.O. Box, Building and Room Number, if any

Street 6260 Daytom Boule	vard	Street	6260 Dayton Boule	vard
City Hixson	-	City	Hixson	
State Tennessee	ZIP Code +4 37343	State	Tennessee	ZIP Code + 4 37343
5. Position in labor organization.	inancial Secretary			
Enter appropriate data below if,	during the past fiscal year, you or your (excopt as specified in the e			y had any of the following interests
	transactions (including loans) with er whose emp oyees your organi			
6. Name and address of Employer (in	cluding trade name, if any).	7.a. Nat	ure of Interest, Transaction,	or Income.
Name				
Trade Name, if any:		į		
P.O. Box, Bldg., Room No., if any	•			
Street		7.b. Am	ount.	
City				
State	7 ZIP Code + 4			
<u> </u>		Signature		

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

or from any labor relations consultant to a			
13.a. Name and address of Employer or La (including trade name, if any).	bor Relations Consultant	1	14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City		-	
State	ZIP Coce + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

Name of Person Filing	Roger	Graham		File Number U-	

B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Tri-State Pension Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6260 Dayton Boulevard  City Hixson  State Tennessee ZIP Code + 4 37343	9. Business deals with:  a. Labor Organ zation  b. Trust  c. Employer
10. If 9.b. or 9.c. s checked give trust or employers name  Name Tri-State Penison Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6260 Hixson Boulevard	11.a. Nature of such dealing.  Business lunch discuss pension investments,
City Hixson  State Tennessee ZIP Code + 4 37343	12.a. Nature of interest held or income received.

er parts A and B above) v or other thing of value.
14.a. Nature of payment.
14.b. Amount of payment.

12.b. Amount.

Name of 'Persor Filing Roger Graham	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business sactively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Tri-State Pension Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6260 Dayton Boulevard  City Hixson  State Tennessee ZIP Code +4 37343	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Tri-State Penison Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealrg. appreciation gift at Christmas
Street 6260 Hixson Boulevard  City Hixson  State Tennessee ZIP Code +4 37343	11.b. Approximate dollar va Lie of such dealing. \$32.  12.a. Nature of interest he d or income received.

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	•	
State	ZIP Code + 4	-
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Tri-State Pension Trust Fund a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 6260 Dayton Boulevard City Hixson State Tennessee ZIP Code +4 37343 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Educational conference, lodging.registration, & Name Tri-State Penison Trust Fund mileage Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6260 Hixson Boulevard \$2,132 11.b. Approximate dollar value of such dealing. City Hixson 12.a. Nature of interest held or income received. ZIP Code + 4 37343 State Tennessee 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.